

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039412

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 098

Primary Registration District No. 4165

Registrar's No. 97

FILED 001 21 1963

<p>VS 300 Rev. 4/59</p> <p>1 0310</p> <p>2 0130</p> <p>3 2</p> <p>4 1</p> <p>5 2</p> <p>6</p> <p>7 0</p> <p>8 2</p> <p>9334X</p> <p>10</p> <p>11</p> <p>12 86-2</p> <p>13 10</p>	<p>DATE AMENDED</p> <p>INSTEAD OF</p> <p>AMENDMENTS ON THIS RECORD ARE AS FOLLOWS</p>	<p>1. PLACE OF DEATH</p> <p>a. COUNTY Daviess</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Caldwell</p>		
		<p>b. CITY (If outside corporate limits, give TOWNSHIP only) Gallatin</p>		<p>Length of stay in 1b 1 Month</p>		
		<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rousseau Rest Home</p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
		<p>3. NAME OF DECEASED First Middle Last Cecil Isabelle Johnson</p>		<p>4. DATE OF DEATH Month Day Year October 4 1963</p>		
		<p>5. SEX Female</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 9-20-1877</p>	<p>9. AGE (last birthday) 86</p>
		<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Own Home</p>		<p>11. BIRTHPLACE (City and state or country) Pattonsburg, Mo.</p>
		<p>12. CITIZEN OF WHAT COUNTRY USA</p>		<p>13a. FATHER'S NAME John Dilley</p>		<p>13b. MOTHER'S MAIDEN NAME Mary Thomas</p>
		<p>14. NAME OF HUSBAND OR WIFE (Deceased) Chas. M. Johnson</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO</p>		<p>16. SOCIAL SECURITY NO. [REDACTED]</p>
		<p>17. INFORMANT Address Bob Bell, Gallatin, Mo.</p>		<p>18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senile Cerebral Arteriosclerosis 5 yrs</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p>
		<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>		<p>DUE TO (b)</p>		<p>DUE TO (c)</p>
		<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>		<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>
		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from Sept 1, 1963 to Oct 4, 63 and last saw her alive on Oct 3, 63</p>		<p>Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.</p>		<p>22a. SIGNATURE Floyd E. Nelson (Degree or title)</p>		
<p>22b. ADDRESS Gallatin, Mo.</p>		<p>22c. DATE SIGNED 10-7-63</p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		
<p>23b. DATE 10-6-1963</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery</p>		<p>23d. LOCATION (City, town, or county) Hamilton Missouri</p>		
<p>24. FUNERAL DIRECTOR ADDRESS Hope Funeral Home, Gallatin, Mo.</p>		<p>25. DATE RECD. BY LOCAL REG. 10-10-63</p>		<p>26. REGISTRAR'S SIGNATURE [Signature]</p>		

USE BLACK INK
OR
TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Permit Recd, 8-10-63 (25)
Permit No. 65-a

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. J. Harrison

Licensed Embalmer No. 3302

P. O. Address Ballatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.